TAIWAN'S ENTRY AS AN OBSERVER TO THE WHO

HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 22, 2003

Ms. ROS-LEHTINEN. Mr. Speaker, this week, the World Health Organization met in Geneva to discuss its agenda and the tentative observer status of Taiwan into the Organization. This meeting came on the heels of a terrible outbreak now known as Severe Acute Respiratory Syndrome (SARS).

The people of Taiwan are courageously and resiliently combating this dreadful epidemic. Although their efforts have not gone unheard in the halls of Congress, as my colleagues and I have fought for H.R. 441 and final passage of S. 243, other nations that do not respect basic human rights have opposed the entry of Taiwan into the WHO.

SARS has dreadfully demonstrated to all nations that epidemics do not have borders. Unlike its neighbor to the North, Taiwan is an open and transparent nation that has committed its efforts to truthfully divulging the impact of SARS on its population.

The entry of Taiwan as an observer to the WHO will give its people a superior chance in combating this evil malady. Nations that support freedom, a democratic and transparent form of government must support Taiwan's observer status to the World Health Organization.

Mr. Speaker, I would like to express my heartfelt sympathy to the people of Taiwan for the profound loss they are experiencing due to the malevolence known as SARS and reiterate my full support for Taiwan's entry as an observer to the WHO.

FACILITIES-BASED COMPETITION IS GOOD FOR U.S. SECURITY

HON. ROY BLUNT

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 22, 2003

Mr. BLUNT. Mr. Speaker, the U.S. economy rides on the telecommunications network now more than ever. We are ever more dependent on the Internet and our telecommunications networks to conduct business. This makes our telecommunications infrastructure a potential terrorist target.

One way to guard against the destruction of our telecommunications network is to have multiple, competing networks in place. If one goes down, the other can be used. While telecommunications companies often build in redundancy in their networks, it would be better from a security standpoint to have separate, independently operated networks.

Government policy should encourage facilities-based telecommunications competition. This was one of the main goals of the Telecommunications Act of 1996. A Federal Communications Commission regulation, however, actually discourages facilities-based competition. This regulation known as the Unbundled Network Element Platform (UNE–P) allows a competitor to use an incumbent's network at a steep discount, sometimes up to 55 percent. Since this is a platform, the competitors do not have to build any of their own facilities.

The huge discount makes it much more economical for a competitor to use the incumbent's network than to build its own facilities. It also makes it more difficult for an incumbent to financially justify the expense of deploying new facilities, as competitors will be able to piggyback off the facilities and take customers away from the incumbent, without the competitors spending any money for capital improvements.

The Chairman of the FCC tried to get rid of this policy in February, but was stymied by a 3 to 2 vote of his fellow Commissioners. The FCC needs to rethink this policy. Without competing facilities-based networks available, a major terrorist hit to an incumbent's telecommunications network could bring the U.S. economy to a standstill.

INTRODUCTION OF THE MEDIA (MAINTAINING AND ENSURING DIVERSITY AND INTEGRITY ON THE AIRWAVES) ACT OF 2003

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 22, 2003

Mr. CONYERS. Mr. Speaker, today I am introducing the ''MEDIA (Maintaining and Ensuring Diversity and Integrity on the Airwaves) Act of 2003,'' legislation that would provide greater protection to small and minority-owned businesses in the media industry.

Access to the media is at the foundation of our democracy. As part of its effort to advance one of its primary strategic goals of promoting competition, diversity and localism, the FCC has strived to ensure that every person has equal access and that small and minority owned businesses are fairly and adequately represented in the media.

To accomplish this objective, under Section 257 of the 1996 Telecommunications Act, the FCC is required to identify and eliminate market entry barriers for small telecommunications businesses. Section 257 also requires the FCC to report every three years on any regulations prescribed to eliminate any such barriers. Section 257 was written to ensure that greater consolidation in the media industry would not occur without concern for diversity in ownership and content. Specifically, the section was meant to address barriers involving race and gender discrimination.

The FCC has not yet completed its Section 257 Report to Congress. At the same time, the FCC is one short week away from significantly relaxing its current media ownership rules, which may permit networks to own stations that can reach 90 percent of the nation, allow companies to own three television stations in a market, and abolish the ban on cross-ownership between TV stations and newspapers. These new rules are likely to have significant negative consequences for many small and minority owned businesses, but the FCC has not provided its report demonstrating that it has analyzed the impact on these businesses and has not provided adequate assurance that steps are being taken to eliminate any negative consequences. Adding fuel to the fire, the FCC is embarking on this course without providing *any* notice and opportunity to respond to the specific rules it is considering.

The MEDIA Act addresses these concerns. First, the Act requires the FCC to publish and seek comment on its proposed rules prior to enactment. Second, responding to the concern that requiring a biennial review places an undue burden on the FCC as well as the many small and minority owned companies who need greater certainty to grow their businesses, the Act instructs the FCC to review its media ownership rules every five years instead of every two years. Third, the Act prevents the FCC from repealing its media ownership rules or approving mergers in excess of $50 million until it has completed its 2003 Section 257 report to Congress identifying and eliminating market entry barriers for small telecommunications businesses, as well as analyzing how any change of the existing regulations would be consistent with the national policy of promoting diversity and competition and how any change would affect barriers to entry for small businesses.

The vast majority of public responses regarding the FCC's decision to change its media ownership rules have criticized the FCC for so hastily running through the process without affording adequate time for a meaningful analysis and public comment on concerns with the new rules. If the FCC will not Act to ensure that any changes are in the public interest and that small and minority owned businesses are adequately represented in the media, Congress must step in.

I am hopeful that Congress can move quickly to enact this worthwhile and timely legislation.

POSITIVE AGING ACT OF 2003

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 22, 2003

Mr. KENNEDY of Rhode Island. Mr. Speaker, May is both Mental Health Month and Older Americans Month, and no time to make sure that older adults are getting the mental health care they need. Not only do we owe our seniors dignity and good health, but providing good mental health care to older Americans is good policy. Failure to treat mental disorders leads to functional dependence, nursing homes, poorer health outcomes for other chronic conditions, and suicide.

According to the National Institutes of Health, seniors commit suicide at a higher rate than any other age group. And in 20 percent of those cases, seniors killed themselves the same day they visited their primary care doctor. Seventy percent of senior suicides have been to a primary care physician the same month.

There is a severe misunderstanding of mental illness in older adults, even among those with medical training. The President's New Freedom Commission on Mental Health has identified the failure of seniors to receive mental health care as a major problem. The Surgeon General's Report on Mental Health found that almost one in five adults over 55 experiences a specific mental disorder that is not part of the ''normal'' aging process.

That's why today, my good friend from Maryland, our Minority Whip, and I are introducing the ''Positive Aging Act of 2003''—to improve the accessibility and quality of mental

health services for our rapidly growing population of older Americans. While we have made great strides in extending the life span, we continue to face the challenge of improving the quality of life for America's senior citizens. This legislation is designed to integrate mental health services with other primary care services in community settings that are easily accessible to the elderly.

We can effectively treat many of the mental disorders common in older Americans, but in far too many instances we are not making such treatments available. Unrecognized and untreated mental illness among elderly adults can be traced to gaps in training of health professionals, and in our failure to fully integrate mental illness identification and treatment with other health services. Mental illnesses are poorly recognized in many care settings and knowledge about effective interventions is simply not reaching primary care practitioners. Research has shown that treatment of mental illnesses can reduce the need for other health services and can improve health outcomes for those with other chronic diseases. These missed opportunities to diagnose and treat mental diseases are taking a huge toll on the elderly and increasing the burden on their families and our health care system.

Mr. Speaker, I recognize that the stigma associated with mental illness, the lack of Medicare coverage for prescription medicines, and Medicare benefit discrimination related to mental health services also limit appropriate care for the elderly. I am committed to address these broader problems through Medicare reform legislation as soon as possible. In the meantime, we can and we must take other steps. We must increase opportunities for effective diagnosis and treatment of mental illness among the elderly. This legislation is intended to do just that.

Mr. Speaker, I strongly believe there are immediate opportunities to improve mental health care for older Americans. This legislation can help to target our resources on identifying and treating a population at high risk for disability and dependence. We have an obligation to take what is known about effective treatments and improve the quality of life and overall health of millions of seniors. It's not only the right thing to do; it's also an investment that will return enormous dividends in terms of more economical use of health resources, improved patient outcomes, a better quality of life for older Americans.

I am grateful for the support of my colleagues who have joined me in introducing this bill, particularly the gentleman from Maryland, and for the many advocates out in our communities across the country who are leading the way with strong initiatives and good examples. I particularly would like to recognize the American Association for Geriatric Psychiatry for their tireless leadership in the area of mental health for seniors.

I hope that this House will join me in honoring the citizens who have built this great country by ensuring that they get the full range of health services they need.

INTRODUCING THE NATIONAL AMUSEMENT PARK RIDE SAFETY ACT OF 2003

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 22, 2003

Mr. MARKEY. Mr. Speaker, Memorial Day is the beginning of the season when American families take their children to our amusement parks for a day of fun and sun. Unfortunately, it is also the case that over 75 percent of the serious injuries suffered on these rides occur between the months of May and September. Most of America thinks that the rides at these parks are subject to oversight by the nation's top consumer safety watchdog—the Consumer Product Safety Commission (CPSC.). But this is not true. The industry used to be subject to federal safety regulation, but in 1981 it succeeded in carving out a special-interest political exemption in the law—the so-called Roller Coaster Loophole.

It is time to put the safety of our children first—it is time to close the Roller Coaster Loophole.

Today I am introducing the NATIONAL AMUSEMENT PARK RIDE SAFETY ACT, to restore safety oversight to a largely unregulated industry. I am joined in this effort by Representatives GEORGE MILLER, BILL PASCRELL, BARNEY FRANK, FRANK PALLONE, RICHARD NEAL, JAN SCHAKOWSKY, JIM MCGOVERN, CAROLYN MALONEY and JOHN TIERNEY.

SUPPORT FOR THE BILL

We are supported in this endeavor by the nation's leading consumer-protection advocates, including Consumer's Union, the Consumer Federation of America, the National SAFE KIDS Campaign, Saferparks.org, and the U.S. Public Interest Research Group.

Moreover, the nation's pediatricians—the doctors who treat the injuries suffered by children on amusement park rides—have endorsed our bill. According the American Academy of Pediatrics, ''a first step to prevention of these injuries is adopting stronger safety regulations that allow for better inspection and oversight of the fixed-rides.''

THE PROBLEM WITH STATE-ONLY REGULATION

''Fixed'' or ''fixed-site'' rides are found predominantly in destination theme parks. When an accident occurs on such rides, the law actually prevents the CPSC from even setting foot in the park to find out what happened. In some states, an investigation may occur, but in many, there is literally no regulatory oversight at all. And no matter how diligent a particular state might be, there is no substitute for federal oversight of an industry where park visitors often come from out-of-state; a single manufacturer will sell versions of the same ride to park operators in many different states; no state has the jurisdiction, resources or mission to ensure that the safety lessons learned within its borders are shared systematically with every other state.

RIDES CAN KILL, NOT JUST THRILL

Although the overall risk of death on an amusement park ride is very small, it is not zero. Fifty-five fatalities have occurred on amusement park rides in the last 15 years, and over two-thirds occur on ''fixed-site'' rides in our theme parks. In August 1999, 4 deaths occurred on roller coasters in just one week, ''one of the most calamitous weeks in the history of America's amusement parks,'' according to U.S. News and World Report:

August 22—a 12–year-old boy fell to his death after slipping through a harness on the Drop Zone ride at Paramount's Great America Theme Park in Santa Clara, California;

August 23—a 20–year-old man died on the Shockwave roller coaster at Paramount King's Dominion theme park near Richmond, Virginia;

August 28—a 39–year-old woman and her 8–year-old daughter were killed when their car slid backward down a 30–foot ascent and crashed into another car, injuring two others on the Wild Wonder roller coaster at Gillian's Wonderland Pier in Ocean City, New Jersey.)

Since that week, there have been six more fatalities on amusement park rides, including an 11–year-old girl just over two weeks ago at Six Flags Great America in Gurnee, Illinois.

Every one of these is an unspeakable horror for the families. It is simply inexcusable that when a loved one dies or is seriously injured on these rides, there is no system in place to ensure that the ride is investigated, the causes determined, and the flaws fixed, not just on that ride, but on every similar ride in every other state. The reason this system does not exist is the Roller Coaster Loophole.

Every other consumer product affecting interstate commerce—a bicycle or a baby carriage, for example—endures CPSC oversight. But the theme park industry acts as if its commercial success depends on remaining exempt from CPSC oversight. As a result, when a child is injured on a defective bicycle, the CPSC can prevent similar accidents by ensuring that the defect is repaired. If that same child has an accident on a faulty roller coaster, no CPSC investigation is allowed. That's just plain wrong.

FATALITIES PER MILE COMPARED TO TRAINS, PLANES, BUSES AND AUTOS

The industry attempts to justify their special-interest exemption by pretending that there is no risk in riding machines that carry human beings 70, 80 or 90 miles an hour. The rides are very short, and most people are not injured. But in fact, the number of fatalities per passenger mile on roller coasters is higher than on passenger trains, passenger buses, and passenger planes. The National Safety Council uses a standard method of comparing risk of injury per distance traveled. As can be seen from the following table, riding on a roller coaster is generally safer than driving a car, but is not generally safer than riding a passenger bus, train or airplane:

	Fatalities				Fatalities per 100 mil miles
	1997	1998	1999	2000	
Automobiles	21,920	21,099	20,763	20,444	0.86
Roller Coasters	3	4	6	1	0.70
Railroad Passenger Trains	6	4	14	4	0.05
Scheduled Airlines	42	1	17	87	0.01
Buses	4	26	39	3	0.04

Fatalities are just the tip of problem, however. Broken bones, gashes, and other serious injuries have been rising much faster than attendance. Neither the CPSC is prohibited from requiring the submission of injury data directly from ride operators, so it is forced to fall back on an indirect method, the National Electronic Injury Surveillance System (NEISS), which gathers information from a statistical sample of hospital emergency rooms and then estimates national numbers. Nevertheless,